### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: ALTERRA STERLING HOUSE OF NEENAH (410540)

Address: 2330 BRUCE ST, NEENAH, WI 54956

**License Status: REGULAR** 

Licensed/Certified/Registered 07/01/1998

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

	Survey	History
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Survey ID: 0096786 End Date: 04/20/2006 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096270 End Date: 01/09/2006 Type: OTHER Purpose: COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007243 Served 02/03/2006

		<u>comprisited</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.19(3)(c)	INVESTIGATE ALLEGATION	04/19/2006	Yes
83.21(4)(o)	MEDICATIONS	04/19/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/19/2006	Yes
83.32(2)(a)1	PHYSICAL HEALTH	04/19/2006	Yes

Compliance

Compliance

Survey ID: 0092958 End Date: 07/14/2004 Type: ABBREVIATED Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10006989 Served 07/23/2004

Deficiencies Cited<br/>83.41(10)(b)Subject Area<br/>MECHANICALS IN GOOD REPAIRVerified<br/>01/04/2006Corrected<br/>Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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## **Enforcement History**

Date: 02/02/2006 SOD #10007243 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(3)(c) FORFEITURE---83.21(4)(o)

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Madison WI 53701-2969

#### **Complaint History**

Date Complaint Received: 03/16/2006 Date Investigation Completed: 04/20/2006

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED
ABUSE NOT SUBSTANTIATED
HOMELIKE ENVIRONMENT & CLEANLINESS NOT SUBSTANTIATED

Date Complaint Received: 10/27/2005 Date Investigation Completed: 01/09/2006

Subject Area(s)ResultSOD #ABUSESUBSTANTIATED02/02/06RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED02/02/06PHYSICAL PLANTS & SAFETY HAZARDSSUBSTANTIATED02/02/06

Date Complaint Received: 08/23/2005 Date Investigation Completed: 01/09/2006

Subject Area(s)ResultSOD #MEDICATIONSSUBSTANTIATED02/02/06

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